

REISSUE APPLICATION DECLARATION BY THE INVENTOR

Docket Number (optional) 099488-2

As a below named inventor, I hereby declare that:

My residence, mailing address and citizenship are stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventory (if plural names are listed below) of the subject matter which is described and claimed in patent number 5.810.590, granted September 22, 1998, and for which a reissue patent is sought on the invention entitled Dental Implants and Methods for Extending Service Life,

the specification of which

Ш	is attached hereto.
\boxtimes	was filed on September 22, 2000 as reissue application number 09/667,827
	and was amended on September 22, 2000, July 9, 2001, May 1, 2003.
	(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56. I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

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ш	by reason	ot a	detective	specification	or drawing.
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🗵 by reason of the patentee claiming more or less than he had the right to claim in the patent.

by reason of other errors.

At least one error upon which reissue is based is described below. If the reissue is a broadening reissue, such must be stated with an explanation as to the nature of the broadening: Failure to broadly claim the "boss" as set forth in claim 15 as:

A dental implant for insertion in the jaw bone of a patient, comprising:

an elongated body having a longitudinal axis and proximal surface generally transverse to said longitudinal axis,

a boss extending from said proximal surface, said boss having a transverse face and generally axial extended side surfaces,

at least one indentation penetrating said transverse face of said boss and said proximal surface of said body, said at least one indentation being adapted to engage an insertion device or at least one protrusion of a dental prosthesis or abutment so as to fix the position of the abutment or crown relative to said implant.



a named inventor, I hereby a	issue application arose without any ppoint the following attorney(s) and mited States Patent and Trademark (or agent(s) to p	prosecute this application and	
I/We hereby appoint:				
above, and to transact all bur	umber 22204 as my/our attorney(s) on siness in the United States Patent an birect all communications about the	d Trademark Of	osecute the application identif fice connected therewith.	
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willful false statements and 1001, and that such willful f thereon, or any patent to wh	elieved to be true; and further that the like so made are punishable by false statements may jeopardize the ich this declaration is directed. Ventor (given name, family name)	ine and impriso	nment, or both, under 18 U.S.	
Inventor's signature	116.53	Date 10 -	12-03	
Residence 207-20 Jordan I	prive, Bayside, NY 11360	Citizenship U.		
	RDAN DRIVE, BAYSIDE, NY 11	360		
•	ventor (given name, family name)			
LEONARD COOPER				
Inventor's signature		Date		
Inventor's signature	Pelham Manor, NY 19803	Date Citizenship U.	S.	
Inventor's signature Residence 999 Grant Ave.,	Pelham Manor, NY 19803 Ave., Pelham Manor, NY 10803		S.	
Inventor's signature Residence 999 Grant Ave., Mailing Address 999 Grant			S.	
Inventor's signature Residence 999 Grant Ave., Mailing Address 999 Grant	Ave., Pelham Manor, NY 10803		S.	

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REISSUE APPLICATION: CONSENT OF ASSIGNEE; Darkst Number (Options)) STATEMENT OF NON-ASSIGNMENT 099488-2 This is part of the application for a recesse putent based on the original potent identified below. Name of Patentocky) Pauls S. Fried and Lennard Cooper Patent Number 5,810,590 Date Patent Jesus! September 22, 1998 Title of Invention DENTAL IMPLANTS AND METHODS FOR EXTENDING SERVICE LIFE 1. (S) Filed benein is a statement under 37 CFR 3.73(b). (Form PTC/SH/96) 2 Ownership of the parent is in the inventor(s), and no assignment of the patent is in effect. One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee". The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this opplication for relastic The assigner(s) owning an undivided interest in said original patent is/ore Paula S. Fried, and the assigner(s) consents to the accompanying application for ressue. Name of assignce/accenter (if not assigned) Paula S. Fried Signature Date 10:-22:-03

Type or printed name and talle of person for assignee (if assigned)

Paula S. Pried



STATEMENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Paula S. Fried and Leonard Cooper
Application No./Patent No.: 5,810,590 Filed/Issue Date: September 22, 1998
Entitled: DENTAL IMPLANTS AND METHODS FOR EXTENDING SERVICE LIFE
Paula S. Fried , a Individual (Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
states that it is:
1. (E) the assignee of the entire right, title, and interest; or
 an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is%
in the patent application/patent identified above by virtue of either:
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel <u>011458</u> , Frame <u>0629</u> , or for which a copy thereof is attached.
OR
B. [] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignce as shown below:
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The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached.
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[] Additional documents in the chain of title are listed on a supplemental sheet.
[] Copies of assignments or other documents in the chain of title are attached. [NOTE: A separate copy (i.e., the original assignment document or true copy of the original document) must submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.
Date Paula S. Fried O Typed or printed name
Date Typed or printed name
Signature
Title

MONTH OF ST. O. ST. O.

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